

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

RECEIVED PAGE 1/3  
SECRETARY OF STATE  
FILED

14 OCT -7 AM 11:50

1. (a) Name of Candidate (in full) Dan Sullivan		
(b) Address (number and street) 3705 Arctic Boulevard #447		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Anchorage AK 99503-5774		2. Candidate's FEC Identification Number S4AK00214
4. Party Affiliation Republican	5. Office Sought Senate	3. Is This Statement New (N) OR Amended (A) <input checked="" type="checkbox"/>
6. State & District of Candidate AK 00		

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Sullivan for US Senate		
(b) Address (number and street) 3705 Arctic Blvd #447		
(c) City, State, and ZIP Code Anchorage AK 99503-5774		

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) CASSIDY PERDUE SULLIVAN TILLIS VICTORY FUND (CPST VICTORY FUND)		
(b) Address (number and street) 901 N WASHINGTON ST SUITE 700		
(c) City, State, and ZIP Code Alexandria VA 22314-1535		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Dan Sullivan 	Date 09/29/2014
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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14020741129

# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

FOUNDERS SENATE CANDIDATE COMMITTEE

(b) Address (number and street)

228 S WASHINGTON STREET SUITE 115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Legacy Victory Committee 2014

(b) Address (number and street)

901 N Washington St., Ste 700

(c) City, State and ZIP Code

Alexandria

VA

22314-1535

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Friends for an American Majority

(b) Address (number and street)

228 S. Washington Street  
Suite 115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

14020741130

# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

Page 3 / 3

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ ADDITIONAL ]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

VICTORY TRUST 2014

(b) Address (number and street)

228 S WASHINGTON STREET SUITE 115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ ADDITIONAL ]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Gardner Daines Sullivan Victory Fund

(b) Address (number and street)

901 N Washington Street  
Suite 700

(c) City, State and ZIP Code

Alexandria

VA

22314-1535

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ ADDITIONAL ]

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**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

14020741131

PRESS FIRMLY TO SEAL



1007

U.S. POSTAGE  
PAID  
ANCHORAGE, AK  
99530  
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- ☐ Sunday/Holiday Delivery Required (additional fee, where available)
- ☐ 10:30 AM Delivery Required (additional fee, where available)
- Refer to [USPS.com](http://USPS.com) or local Post Office® for availability.

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PHONE ( )

**ORIGIN (POSTAL SERVICE USE ONLY)**

☐ 1-Day

☐ 2-Day

☐ Military

☐ DPO

PO ZIP Code

Scheduled Delivery Date (MM/DD/YYYY)

Postage

Date Accepted (MM/DD/YYYY)

Scheduled Delivery Time

Insurance Fee

COD Fee

Time Accepted

☐ AM

☐ PM

10:30 AM Delivery Fee

Return Receipt Fee

Live Animal Transportation Fee

Weight

☐ Flat Rate

Sunday/Holiday Premium Fee

Total Postage & Fees

Acceptance Employee Initials

\$

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt (MM/DD/YYYY) Time

Employee Signature

Delivery Attempt (MM/DD/YYYY) Time

☐ AM

☐ PM

Employee Signature

LABEL 11-B, JANUARY 2014

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PHONE: ( ) -

**PAYMENT BY ACCOUNT (if applicable)**

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- ☐ Sunday/Holiday Delivery Required (additional fee, where available)
- ☐ 10:30 AM Delivery Required (additional fee, where available)
- \* Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

PHONE: ( ) -

**ORIGIN (POSTAL SERVICE USE ONLY)**

☐ 1-Day ☐ 2-Day ☐ Military ☐ DPO

PO ZIP Code (MM/DD/YY) Scheduled Delivery Date (MM/DD/YY) Postage \$ Insurance Fee \$ COD Fee \$

Date Accepted (MM/DD/YY) 10:30 AM Delivery Fee \$ Return Receipt Fee \$ Live Animal Transportation \$

Time Accepted ☐ AM ☐ PM 12 NOON Sunday/Holiday Premium Fee \$ Total Postage & Fees \$

Weight ☐ Flat Rate \$ Acceptance Employee Initials \$

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt (MM/DD/YY) Time Employee Signature

Delivery Attempt (MM/DD/YY) Time ☐ AM ☐ PM Employee Signature

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WASHINGTON, DC 20510-7115  
PHONE: (202) 224-0322

# United States Senate

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USPS REGISTERED/CERTIFIED \_\_\_\_\_  
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USPS PRIORITY MAIL 10/2/14 \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

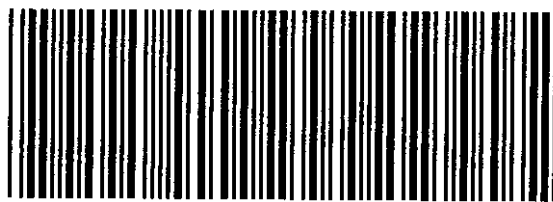
POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

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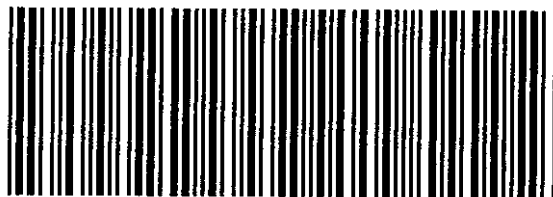
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